SARS Expert Committee

Emergency Response Structure

Purpose

This paper summarises the emergency response structure deployed by the Government during the recent SARS outbreak.

Contingency Setup

2. The existing public health infrastructure has been effective in containing the spread of the common infectious diseases like tuberculosis, influenza and cholera. The three major players under this infrastructure are –

- The Health, Welfare & Food Bureau (HWFB), which is the policy bureau responsible for the formulation of overall health policy, as well as the manager of relevant public resources. In addition to health policy, the policy portfolio of HWFB also includes welfare, food and environment hygiene, and women's interests;
- The Department of Health (DH), which is the Government's health adviser and agency to execute public health policies and statutory functions. Some of its major programme areas include diseases surveillance, preventive health programmes, health promotion and the control of communicable diseases; and
- The Hospital Authority (HA), which is a statutory and independent body responsible for the development and management of all public hospitals in Hong Kong. Although HA is autonomous in the management and control of public hospitals, it is accountable to the Government through the Secretary for Health, Welfare & Food (SHWF).

3. However, the recent SARS outbreak was of such a scale, in terms of infectivity, morbidity and socio-economic impact, that was never experienced by our generation. As the outbreak accelerated, the Government also saw the need to enhance its disease control mechanism by shifting the disease control responsibility from the original setup to an emergency response structure of a higher level, that involved the operation of the following three interim bodies¹ -

- ➤ The HWFB Task Force;
- > The Chief Executive's Steering Committee; and
- > The Inter-departmental Action Co-ordinating Committee.

The setup, roles and functions of each of the above interim bodies are described in the following paragraphs.

The HWFB Task Force

In view of the emergence of an unusual subject of atypical 4. pneumonia² in the hospitals since early March 2003, SHWF had set up a Task Force on Severe Acute Respiratory Syndrome within the Health, Welfare & Food Bureau (the HWFB Task Force) to monitor the outbreak and oversee its control, including the measures to be taken within the public health care sector. The HWFB Task Force was chaired by SHWF and included experts in the areas of public health, epidemiology, respiratory medicine, microbiology and virology from DH, HA, local universities and the World Health Organisation (WHO), as well as officials from DH and executives from HA. The HWFB Task Force met regularly to review the outbreak's latest position and provided steering on the actions to be done to contain the spread of the disease. A total of five meetings were held within the period from 14 to 26 March 2003. As the number of SARS patients continued to increase and the disease's social and economic impact became more and more severe, issues arose in the decision making process which required input from many policy areas. It was therefore necessary for a higher level steering committee than the HWFB Task Force to better co-ordinate the Government's overall response which called for an intersectional approach, and make available the necessary manpower and financial resources in containing the disease. As a result, the Chief Executive's Steering Committee (CESC), chaired by the Chief Executive (CE)

¹ As the outbreak has been successfully contained since June 2003, all these three interim bodies are now deactivated.

 $^{^{2}}$ On 15 March 2003, the disease was confirmed and named by the World Health Organisation as SARS.

himself and involving the relevant Principal Officials, was established on 25 March 2003. Since then, the CESC had taken over the HWFB Task Force's role as the overall commander in steering the Government's response to the SARS outbreak. In terms of secretariat support, the CESC was supported by the CE's Office. After the CESC was set up, the HWFB Task Force continued to meet only when necessary. The co-ordination of the health sector's overall response was assumed by SHWF as the epidemic evolved.

The Inter-departmental Action Co-ordinating Committee

5. The Inter-departmental Action Co-ordinating Committee (IACC), which was chaired by the Permanent Secretary for Health, Welfare & Food and included members from over 25 bureaux/departments/public bodies, was formed to command and coordinate efforts and resources from various Government departments and public bodies to implement SARS control-related policy decisions and initiatives made by the CESC and SHWF, necessary for the public health response to prevent and control the spread of SARS within the community.

6. During its operation span from 27 March to 20 May 2003, the IACC was responsible for the planning and implementation of many SARS-related operations including –

- the isolation and evacuation of Amoy Gardens Block E;
- the identification, conversion and management of vacant public housing blocks as temporary headquarters for frontline health care staff;
- the implementation of necessary port health measures to prevent any import/export of SARS to/from Hong Kong; and
- the operation to offer assistance to a Malaysian-registered vessel with suspected SARS-infected crews on board, etc.

7. HWFB has recently completed a major review exercise of the IACC's operations.

Way Forward

8. The recent SARS outbreak had proved to be a tough test to our public health infrastructure as well as emergency response capacity. We are now reviewing our crisis management strategy having regard to lessons learnt in the last emergency response exercise in combating SARS. We are in discussion with HA and other departments for the drawing up of outbreak

management plans with a view to working out a model contingency plan for the effective and efficient management of future infectious disease outbreaks in Hong Kong. We are confident that with the planned establishment of an Organisation for Disease Control in Hong Kong and expert advice from the Review Committee, we will be better equipped to deal with any potential infectious disease outbreak in the future.

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